

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 107009690	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1	1					51		
2	1	1					52		
3	(8)	1					53		
4	(1)	1					54		
5	1	1					55		
6		1					56		
7		1					57		
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46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			1				TOTAL IND.		
TOTAL DEP.			7				TOTAL DEP.		
TOTAL CLAIMS			8				TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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